

PTO/SB/97 (05-03)

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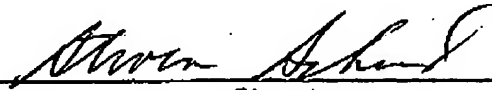
SEP 14 2005

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Date



Signature

Steven P. Schad.

Typed or printed name of person signing Certificate

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Fee Transmittal - (w/duplicate copy)

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Amendment - (18 pages)

Power of Attorney - (1 page)

Statement under 37 CFR 3.73(b) - (1 page)

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0851-0032  
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004,  
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for FY 2005**

Complaints # Known

**RECEIVED**

Application Number 10/865,358

CENTRAL FAX CENTER

Filing Date 09/22/2003

First Named Inventor Robert K. Emrich

SEP 14 2005

Examiner Name Christopher Novosad

Art Unit 3871

Attorney Docket No. 327-US

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 800.00)

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :☒ Deposit Account Deposit Account Number: 50-3585 Deposit Account Name: ESCO Corporation

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Under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>		
39 - 42 or HP = 0 x =		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>		
12 - 8 or HP = 4 x 200 = 800		
HP = highest number of independent claims paid for, if greater than 3.		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

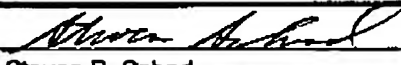
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	32,550	Telephone	503/778-6225
Name (Print/Type)	Steven P. Schad	Date	September 14, 2005		

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PTO/SB/17 (12-04/02)

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Effective on 12/06/2004,  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).**FEE TRANSMITTAL  
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 800.00

Complete if Known

Application Number	10/665,358
Filing Date	09/22/2003
First Named Inventor	Robert K. Emrich
Examiner Name	Christopher Novosad
Art Unit	3671
Attorney Docket No.	327-US

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_☒ Deposit Account Deposit Account Number: 50-3585 Deposit Account Name: ESCO Corporation

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Under 37 CFR 1.16 and 1.17

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Small Entity Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

Total Claims

360

180

39 - 42 or HP= 0 x \_\_\_\_\_ = \_\_\_\_\_

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

12 - 8 or HP= 4 x 200 = 800

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number) x	_____	_____

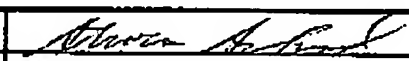
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : \_\_\_\_\_

Fees Paid (\$)

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	32,550	Telephone	503/778-6225
Name (Print/Type)	Steven P. Schad	Date	September 14, 2005		

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